

III. SCHOOL DISTRICT REQUEST AND JUSTIFICATION FOR EMERGENCY LICENSE OR PERMIT For T201, T301, P201, or P301 Transactions

CESA No.	LEA No.	Requesting School District		Phone Area/No.
School District Mailing Address <i>Street or PO Box</i>			City	ZIP Code
School No.	School Name <i>Location of assignment</i>	Charter School? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, check box if Virtual Charter</i> <input type="checkbox"/>	School-wide Title I Building? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subject(s) Requested		Dev. Level/Grade(s)	Title I Funded Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Core Academic Subject(s) * <input type="checkbox"/> Yes** <input type="checkbox"/> No	Title II-A Funded Position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Percentage of School Day Teaching in Emergency Assignment(s) <input type="checkbox"/> Full-time (teaching emergency subject(s) for the full school day) <input type="checkbox"/> Part-time (teaching emergency subject(s) for part of school day) <i>Specify percentage of day teaching emergency subjects: ____%</i>		Is the request for a Long-term Substitute Emergency License/Permit? <input type="checkbox"/> Yes <i>Assignment begin and end date must be provided</i> <input type="checkbox"/> No		
		Emergency request for this person in this assignment(s) is a: <input type="checkbox"/> First Time Request <input type="checkbox"/> Renewal Request <i>Must complete part IV.</i>		
Assignment Begin Date <i>Mo./Day/Yr.</i>	Assignment End Date <i>Mo./Day/Yr.</i>	Employee Name <i>First, Middle, Last</i>		SSN or DPI Educator File No.

* **Core academic subjects** defined under NCLB are English, reading or language arts, math, science, foreign languages, civics and government, economics, arts (all music licenses, art, theatre, dance), history and geography. Wisconsin includes elementary education, special education, ESL and alternative education as core academic subjects.

** NCLB requires that all teachers of core academic subjects must be "highly qualified." As defined by NCLB, a teacher on an emergency license or permit in a core subject(s) is considered highly qualified ONLY IF:

- ☐ Yes ☐ No 1. The educator has demonstrated content knowledge in the core subject(s) in which s/he will be teaching through either
☐ a major, ☐ a minor, or ☐ successful completion of Wisconsin's Praxis II content test(s); **Attach documentation.**
- ☐ Yes ☐ No 2. The educator is enrolled in an approved educator preparation program that will be completed in three years;
Name of Institution or Alternative Route to Licensure Program: _____
Resulting Licensure: _____ Anticipated Completion Date: *Mo./Yr.* _____
- ☐ Yes ☐ No 3. The district provides high quality professional development before and while teaching and intensive supervision or mentoring while teaching.

Explain and justify the need for the request, including the efforts made to fill the position with a fully licensed candidate. If fully licensed candidates were available, explain why they were not acceptable for hire. Your justification is a determining factor in the issuance or denial of the request. *Attach additional 8½ x 11 sheet if necessary.*

I ACKNOWLEDGE that the information above, the justification given, and the answers to the NCLB "highly qualified" questions (if applicable) are true.

Name of School District Administrator or Designee <i>Type/Print Clearly</i>	Title	Phone Area Code/No.	Email Address
Signature of School District Administrator or Designee ➤			Date Signed <i>Mo./Day/Yr.</i>

IV. INSTITUTIONAL VERIFICATION Required for Renewal–2015 Transactions

I, THE CERTIFYING OFFICER, CONFIRM that the applicant is enrolled in this institution's (or alternative route to licensure program's) state-approved educator preparation program which is designed to be completed by _____ (*Mo./Yr.*) and within the last year the applicant has completed at least six credits or the equivalent toward full licensure in: _____ (*program*).

Signature of Certifying Officer ➤	Date Signed <i>Mo./Day/Yr.</i>	Name of Institution/Approved Program Provider
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